

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** DME Providers  
Pharmacists  
Managed Care Organizations  
Infusion Therapy Providers

**Memorandum No: 07-78**  
**Issued:** December 21, 2007

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information, contact:**  
800.562.3022 (option 2) or go to:  
<http://maa.dshs.wa.gov/contact/prucontact.asp>

**Subject: Enteral Nutrition : 2008 Additions and Deletions to HCPCS Procedure Codes, ICD-9 CM Diagnosis Codes, Fee Schedule Updates, and Policy Clarifications**

**Effective for dates of service on and after January 1, 2008, unless otherwise specified, the Health and Recovery Services Administration (HRSA) will:**

- Begin using the Year 2008 Healthcare Common Procedure Coding System (HCPCS) Level II code and ICD-9-CM additions and deletions as discussed in this memorandum;
- Update the Enteral Nutrition Fee Schedule and Coverage Table to include the new codes and fees; and
- Clarify policy related to Simply Thick© Honey and Nectar thickeners.

## **Overview**

All policies previously published remain the same unless specifically identified as changed in this memorandum.

Do not use HCPCS codes that are deleted in the “*Year 2008 HCPCS*” book for dates of service after December 31, 2007.

Do not use the ICD-9-CM diagnosis codes that are deleted in the 2008 ICD-9-CM book for dates of service on and after October 1, 2007.

## **Added and Deleted HCPCS Codes**

**Effective for dates of service on and after January 1, 2008,** HRSA has incorporated the HCPCS procedure code updates into the January 1, 2008 Enteral Nutrition Fee Schedule and Coverage Table.

## Fee Schedule and Coverage Table

HRSA has updated the Enteral Nutrition Fee Schedule and Coverage Table to include the year 2008 HCPCS procedure code additions and deletions.

You may view HRSA's Enteral Nutrition Fee Schedule on-line at <http://maa.dshs.wa.gov/RBRVS/Index.html>.

## Policy Clarifications

HRSA is making the following policy clarifications:

- Clarification for Simply Thick<sup>®</sup> Honey and Nectar thickeners (Procedure code B9998)
  - ✓ The prescribed amount must be for individual packets (e.g., 1 unit = 1 individual packet).
  - ✓ Units are based on the product itself, not the amount to be thickened.
- New and Deleted Codes
  - ✓ Procedure code B4086 will end on 12/31/07. As of 1/1/08, use new procedure code B4087.
  - ✓ EPA code 870000742 will end on 12/31/07.
  - ✓ As of 1/1/08, use new procedure code B4088 instead of procedure code B9998 with EPA code 870000742.
- ICD-9-CM Diagnosis Code Changes to EPA Codes

**Effective for dates of service on and after October 1, 2007**, the ICD-9-CM codes changed for the following EPA codes:

EPA Code	ICD-9-CM Diagnosis Codes
8700001102	707.00 – 707.09
8700001103	270.0-270.8, 271.0-271.4, 271.8, and 272.0-272.8
8700001104	787.20 – 787.24, 787.29

## Billing Instructions Replacement Pages

Attached are replacement pages D.7-D.12, E7-E8 and G3-G.4 for HRSA's *Enteral Nutrition Billing Instructions*.

## **How do I conduct business electronically with HRSA?**

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

## **How can I get HRSA's provider documents?**

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.



# Enteral Nutrition Coverage Table

## Equipment Rental/Purchase Policy

- The following are included in HRSA's reimbursement for equipment rentals or purchases:
    - ✓ Instructions to the client and/or caregiver on the safe and proper use of equipment provided;
    - ✓ Full service warranty;
    - ✓ Delivery and pick-up; and
    - ✓ Fitting and adjustments.
  - If changes in circumstances occur during the rental period, such as death or ineligibility, HRSA will terminate reimbursement effective **on the date of the change in circumstances.**
  - **Providers may not bill for simultaneous rental and a purchase of any item.**
  - HRSA will ***not*** reimburse providers for equipment that was supplied to them **at no cost** through suppliers/manufacturers.
  - **Rent-to-purchase** equipment may be new or used at the beginning of the rental period.
  - HRSA reimburses for enteral nutrition related supplies for clients residing in nursing facilities **only when:**
    - ✓ The supplies are used to administer 100% of the client's nutritional requirements; and
    - ✓ The client's medical circumstances meet **HRSA's Enteral Nutrition program requirements.**
- Note:** Covered items that are not part of the nursing facility per diem may be billed separately to HRSA.
- HRSA reimburses for enteral nutrition-related supplies for clients receiving Medicare Part B **only when:**
    - ✓ The supplies are used to administer enteral nutrition products to non tube-fed clients; and
    - ✓ The client's medical circumstances meet HRSA's requirements for enteral nutrition.

## Enteral Supply Kits

- Do not bill more than one supply kit code per day.
- Enteral supply kits include all the necessary supplies for the enteral patient using the syringe, gravity, or pump method of nutrient administration.
- Bill only for the actual number of kits used, not to exceed a one-month supply.

Procedure Code	Modifier	Brief Description	EPA/PA	Part of NH per diem	Policy/ Comments
B4034	BA	Enteral Feeding Supply Kit; Syringe (Bolus only)		N	Maximum # of units - 1 per client, per day
B4035	BA	Enteral Feeding Supply Kit; Pump Fed, per day		N	Maximum # of units - 1 per client, per day
B4036	BA	Enteral Feeding Supply Kit; Gravity Fed		N	Maximum # of units - 1 per client, per day

## Enteral Tubing

The total number of allowed tubes includes any tubes provided as part of the replacement kit.

Procedure Code	Modifier	Brief Description	EPA/PA	Part of NH per diem	Policy/ Comments
B4081	BA	Nasogastric tubing with stylet (each)		N	Max # of units - 3 per client, per month
B4082		Nasogastric tubing without stylet (each)		N	Max # of units - 3 per client, per month
B4083		Stomach tube – Levine type (each)		N	Max # of units - 1 per client, per month
B4086		Gastrostomy/jejunostomy tube, any material, any type (standard or low profile), each		N	Max # of units – 5 per client, per month. <del>Note: When billing for extension tubing only, use this code. Billed charges must be only for the tubing.</del> <b>Discontinued as of 12/31/07</b>
B4087		Gastrostomy/jejunostomy tube, standard, any material, any type , each		N	Max # of units - 5 per client, per month. <b>Note:</b> When billing for extension tubing only, use this code. Billed charges must be for the tubing only.
B9998		Low Profile Gastrostomy Replacement Kit (e.g., Bard, MIC Key Button, Hide-a-port, Stomate)	<b>EPA #: 870000742</b>	N	Max # of units – 2 per client, every 5 months <b>Discontinued as of 12/31/07</b>
B4088		Gastrostomy/jejunostomy tube, low-profile, any material, any type each		N	Max # of units - 2 per client, every 5 months

## Enteral Repairs

Procedure Code	Modifier	Brief Description	EPA/PA	Part of NH per diem	Policy/ Comments
E1399		Repair Parts for Enteral Equipment. <i>Only</i> those client-owned pumps less than five (5) years old, and no longer under warranty will be allowed replacement parts.	<b>EPA #: 870000743 (Invoice required.)</b>	N	
E1340		Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes.		N	

## Pumps and Poles

- Poles and pumps are considered purchased after 12 months' rental.
- Pumps may be new or used equipment at the beginning of rental period.

Procedure Code	Modifier	Brief Description	EPA/PA	Part of NH per diem	Policy/ Comments
E0776	NU	IV pole. Purchase. Nondisposable. Modifier required.			Max # of units - 1 per client, per lifetime
E0776	RR	IV pole. Rental. Nondisposable. Modifier required.			Max # of units - 1 per month; not to exceed 12 months
B9002	RR	Enteral nutrition infusion pump with alarm.			Max # of units - 1 per month; not to exceed 12 months
B9998		Case for ambulatory feeding pump. Included in pump purchase.	<b>EPA #: 870000744</b>		Max # of units - 1 every 5 years



## Miscellaneous

Prior authorization (PA) is required prior to billing this code.

Procedure Code	Modifier	Brief Description	EPA/PA	Part of NH per diem	Policy/ Comments
B9998		NOC for enteral supplies (other enteral nutrition supplies not listed).	PA required.	N	Purchase & Max # of units to be determined by HRSA.

## Miscellaneous Procedure Code

In order to be reimbursed for miscellaneous enteral nutrition procedure code B9998, you must submit a fully completed “Justification for use of B9998 Miscellaneous Enteral Nutrition Procedure Code and Limitation Extension Request Form” [DSHS Form # 13-745]. This form must be submitted to the HRSA Enteral Nutrition Program Manager prior to submitting your claim to HRSA (see *Important Contacts* for information on how to access this form).

**Do not submit claims using procedure code B9998 until you have received an authorization number from HRSA indicating that your bill has been reviewed and the payable amount has been determined.**

Include the following supporting documentation with your fax:

- Agency name and provider number;
- Client PIC;
- Date of service;
- Name of piece of equipment;
- Invoice;
- Prescription;
- Explanation of client-specific, medical necessity; and
- Name of primary piece of equipment and whether the equipment is rented or owned.

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## Washington State Expedited Prior Authorization Criteria Coding List

Procedure Code	EPA Code	Description	Criteria
<b>Enteral Tubing</b>			
<b>B9998</b>	<b>742</b>	<b>Low-Profile Gastrostomy Replacement Kit</b>	Covered with EPA for a maximum of 2 per client, every 5 months. <b>Discontinued as of 12/31/07</b>
<b>E1399</b>	<b>743</b>	<b>Repair Parts for Enteral Equipment</b>	Covered with EPA for those client-owned pumps less than 5 years old, and no longer on warranty. Invoice required.
<b>Pumps and Poles</b>			
<b>B9998</b>	<b>744</b>	<b>Case for Ambulatory Feeding Pump</b>	Covered with EPA for a maximum of 1 case per 5 years.
<b>Enteral Nutrition Products</b>			
<b>B9998</b>	<b>868</b>	<b>Nutritional Bars</b>	Authorized only for clients: <ul style="list-style-type: none"> <li>With chronic renal failure on dialysis; and</li> <li>On fluid restrictive diets.</li> </ul>
<b>Medical Conditions</b>			
	<b>1100</b>	<b>Chronic Renal Failure ICD-9-CM Code 585.6</b>	The client must be receiving dialysis. <b>Note:</b> Clients receiving dialysis must have a fluid restrictive diet to use nutrition bars. When billing for nutrition bars, use EPA # 870000868.
	<b>1101</b>	<b>Cancer(s) ICD-9-CM Codes: 140 through 208.9 and 230 through 234.9</b>	The client must be currently receiving chemotherapy and/or radiation therapy. Providers may also use this code to bill for the post therapy phase (up to 3 months following the completion of chemotherapy or radiation therapy).
	<b>1102</b>	<b>Decubitus Pressure Ulcer(s) ICD-9-CM Diagnosis Code 707.0—707.09 ICD-9-CM Code 707.00 – 707.09</b>	The client must have: <ul style="list-style-type: none"> <li>Stage 3 or greater decubitus pressure ulcer(s); and</li> <li>An albumin level of 3.2 or below.</li> </ul>

Medical Conditions (Continued)			
Procedure Code	EPA Code	Description	Criteria
	1103	<b>Amino Acid, Fatty Acid, and Carbohydrate Metabolic Disorders</b>  <del>Codes: 270-270.8, 271-271.8, and 272.0-272.8</del>  <b>ICD-9-CM Codes:</b> 270.0-270.8, 271.0-271.4, 271.8, and 272.0-272.8	The client must require a specialized oral nutritional product.
	1104	<b>Medical Condition Requiring Thickeners (Procedure Code: B4100) for Dysphagia ICD-9-CM Diagnosis Code: <del>787.2</del></b>  <b>ICD-9-CM Code:</b> 787.20 – 787.24, 787.29	The client must: <ul style="list-style-type: none"> <li>Require a thickener to aid in swallowing or be currently transitioning from tube feedings to oral feedings; and</li> <li>Have been evaluated by a speech therapist, or an occupational therapist that specializes in dysphagia (the report must be in the client's chart in the prescriber's office recommending a thickener).</li> </ul> <p><b>Note:</b> If the client is 20 years of age or younger and requires only a thickener, an evaluation by a dietitian is not required.</p> <p>"Simply Thick" (B9998) requires prior authorization.</p>
	1105	<b>End Stage COPD or Emphysema ICD-9-CM Codes 491.20, 491.21, 492.8, 496</b>	Client must have: <ul style="list-style-type: none"> <li>A BMI 18.5 or less; or</li> </ul> An unintentional or unexplained weight loss of 5% in 1 month, or 7.5% in 3 months, or 10% in 6 months.

## Enteral Nutrition

Category (HCPCS code)	Description	One Unit Equals	Policy/Comments
<b>B9998</b>	NOC for enteral supplies.	One Bar	Nutrition bars when EPA criteria for EPA # 870000868 is met. Includes Choice DM Bar, Ensure Bar, Glucerna Bar, Protein Eight Bar, Regain Bar, and Resource Bar.
<b>B9998</b>	Simply-Thick© Honey thickener	One individual packet	PA and invoice required
<b>B9998</b>	Simply-Thick© Nectar thickener	One individual packet	PA and invoice required

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